

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>1009/Not assigned</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Michael McCarthy</u> P.O. Box, Bldg., Room No., if any Street <u>50 Dolman Drive</u> City <u>Rochester</u> State <u>New York</u> ZIP Code + 4 <u>14624</u>	4. Name, file number, and address of labor organization. Name <u>Roofers Local Union #22</u> Labor Organization File Number <u>008141</u> P.O. Box, Building and Room Number, if any Street <u>244 Paul Road</u> City <u>Rochester</u> State <u>New York</u> ZIP Code + 4 <u>14624</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Michael McCarthy</u>	On <u>08-11-05</u> Date	<u>585-235-0829</u> Telephone Number

Name of Person Filing <u>Michael McCarthy</u>	File Number U- <u>Not assigned</u>
---	------------------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with. a. Labor Organization _____ b. Trust _____ c. Employer _____
10. If 9.b. or 9.c. is checked give trust or employer's name Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>Roofers Local 22 Health & Welfare</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>244 Paul Road</u> City <u>Dorchester</u> State <u>New York</u> ZIP Code + 4 <u>11624</u>	14.a. Nature of payment. <u>International Foundation of Employee Benefits Conference</u> <u>New Orleans, LA. November 27 - December 2, 2004.</u> <u>Reimbursed expenses</u>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/>	14.b. Amount of payment. <div style="text-align: right; font-size: 1.2em;"><u>1031.90</u></div>

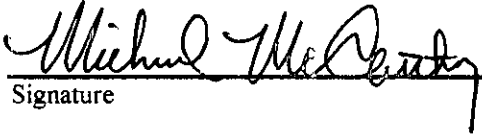
Name of Person Filing <u>Michael McCarthy</u>	File Number U- <u>Not assigned</u>
---	------------------------------------

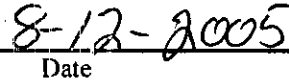
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <div style="margin-left: 40px;"> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer </div>
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="height: 40px;"></div>
	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received. <div style="height: 60px;"></div>
	12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>Lipsitz, Green, Fahringer, Roll</u> Trade Name, if any: <u>Attorneys</u> P.O. Box, Bldg., Room No., if any _____ Street <u>42 Delaware Avenue</u> City <u>Buffalo</u> State <u>New York</u> ZIP Code + 4 <u>14262</u>	14.a. Nature of payment. <div style="text-align: center; padding-top: 20px;"> <u>Dinner Meeting 9-29-04 with</u> <u>Executive Board & Attorneys.</u> </div>
13.b. Is the Business an Employer or Consultant <u>X</u> ?	14.b. Amount of payment. <u>30.00</u>

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.


Signature


Date